

<i>SERFF Tracking Number:</i>	<i>CMIC-125491656</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>15725/08/0011 AR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>System Generated Application/N/A</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Commercial General Liability	SERFF Tr Num: CMIC-125491656	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: 15725/08/0011 AR	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted & Pending	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Sheila Andrew	Disposition Date: 02/22/2008
	Date Submitted: 02/18/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: System Generated Application	Status of Filing in Domicile: Pending
Project Number: N/A	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

Cameron Mutual Insurance Company (CMIC) wishes to file for the adoption of the computer system generated Commercial General Liability Application for use with our Commercial General Liability Program.

Deemer Date:

This form has been developed to accommodate the implementation of a computerized agents' rating system. The application is generated by our computer rating system. The application is a hybrid developed from our computer entry screens and the signature/binding section of the ACORD 160 (2004/03) Business Owners Application.

SERFF Tracking Number:	CMIC-125491656	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	15725/08/0011 AR		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	System Generated Application/N/A		

The attached copies are in final print format.

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance Specialist	sandrew@cameron-insurance.com
214 McElwain Drive	(800) 326-6511 [Phone]
Cameron, MO 64442-1321	(816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company	CoCode: 15725	State of Domicile: Missouri
214 McElwain Drive	Group Code: 532	Company Type: Property & Casualty
Cameron, MO 64429-1321	Group Name:	State ID Number:
(800) 326-6511 ext. [Phone]	FEIN Number: 44-0447850	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	02/18/2008	18023472

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/22/2008	02/22/2008

<i>SERFF Tracking Number:</i>	<i>CMIC-125491656</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>System Generated Application/N/A</i>		

Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMIC-125491656	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	15725/08/0011 AR		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	System Generated Application/N/A		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas General Liability Policy Application	Approved	Yes

SERFF Tracking Number:	CMIC-125491656	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas General Liability Policy Application	n/a	n/a	Application/ New Binder/Enrollment		0.00	Arkansas General Liability application.pdf

Cameron Mutual Insurance Company
Cameron, MO 64429-1321
General Liability Policy Application

Applicant BOYS AND GIRLS CLUB
Address 123 BEAVER RD
FAIRFIELD BAY, AR 72088-2801

Agency Cameron Mutual Home Office
Agent Jeannette Thomas
Phone 816-632-6511

Program General Liability
Term 12 months

Policy Effective Date 04/01/2008
Policy Expiration Date 04/01/2009

Policy Number GL 7500010074
Business Description CLUBS
Bound Yes - 04/01/2008 04:27 PM
Mortgagee Bill No

Entity Type Association
Business Phone 501-723-8500
Remittance Amount \$150.00

Liability

General Aggregate	\$2,000,000	Fire Damage Limit	\$50,000
Products & Completed Operations Aggregate	\$2,000,000	Medical Expense	\$5,000
Personal & Advertising Injury	\$1,000,000	Property Damage Deductible	\$0
Each Occurrence	\$1,000,000		

Description	Exposure	Premium
LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR		
HAZ #1 - 41667 - Club - civic, service or social - having buildings or premises owned or leased	1,500	
Other than Not-For-Profit		
OTHER		\$207.00
PRODUCTS AND COMPLETED OPERATIONS		INCL
HAZ #2 - 41668 - Club - civic, service or social - having buildings or premises owned or leased	1,500	
Not-For-Profit only		
OTHER		\$207.00
PRODUCTS AND COMPLETED OPERATIONS		INCL

Minimum Liability Premium Adjustment	(if minimum liability premium amount is not met)	\$0.00
Total Advanced Premium	(service fee not included)	\$414.00

This Policy Application was created using rates in effect at the time it was produced. Final Premium subject to verification of all information and rates in effect at the time of the policy effective date.

Liability Details

LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR 72088

County	Van Buren - 071	Territory	001
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HAZ #1 - 41667 - Club - civic, service or social - having buildings or premises owned or leased Other than Not-For-Profit

Area	1,500
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HAZ #2 - 41668 - Club - civic, service or social - having buildings or premises owned or leased Not-For-Profit only

Area	1,500
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Underwriting

Year Business Started	1999	Inspection Contact	MITZI HENSEN 816-740-3699
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Is the applicant a subsidiary of another entity?	No	Does the applicant have any subsidiaries?	No
Any exposure to flammables, explosives, or chemicals?	No	Any catastrophe exposure?	No
Any other insurance with this company or being submitted?	No	Any policy or coverage declined, cancelled or non-renewed?	No
Any past losses or claims relating to sexual abuse or molestation allegations discrimination or negligent hiring?	No	During the last five years has any applicant been convicted of any degree of the crime of arson?	No
Any bankruptcies, tax or credit liens against the applicant in the last 5 years?	No	Does applicant draw plans, designs, or specifications?	No
Do any operations include blasting or utilize or store explosive material?	No	Do any operations include excavation, tunneling, underground work or earth moving?	No
Does applicant lease equipment to others with or without operators?	No	Any medical facilities provided or medical professionals employed or contracted?	No
Any exposure to radioactive / nuclear materials?	No	Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transportation of hazardous material?	No
Any operations sold, acquired, or discontinued in last 5 years?	No	Machinery or equipment loaned or rented to others?	No
Any watercraft, docks, floats owned, hired or leased?	No	Any parking facilities owned / rented?	No

Is a fee charged for parking?	No	Recreation facilities provided?	No
Is there a swimming pool on the premises?	No	Sporting or social events sponsored?	No
Any structural alterations contemplated?	No	Any demolition exposure contemplated?	No
Has applicant been active in or is currently active in joint ventures?	No	Do you lease employees to or from other employers?	No
Is there a labor interchange with any other business or subsidiaries?	No	Are day care facilities operated or controlled?	No
Have any crimes occurred or been attempted on your premises within the last three years?	No	Is there a formal, written safety and security policy in effect?	No
Does the businesses' promotional literature make any representations about the safety or security of the premises?	No	Are you involved in projects exceeding \$1,000,000?	No
Has the applicant carried continuous coverage for the last 5 years? (list prior carriers)	No		

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALITIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT THE REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ACORD 160 (2004/03)

CAMERON INSURANCE COMPANY

RECEIPT OF PAYMENT

Insured Information

Applicant BOYS AND GIRLS CLUB
Co-Applicant
Address1 123 BEAVER RD
Address2
City FAIRFIELD BAY **State** AR **Zip** 72088-2801

Policy Information

Policy Number GL 7500010074
Effective Date 04/01/2008
Remittance Amount \$150.00 ☐ Cash ☒ Check (No.)
Mortgagee Bill? ☐ Yes ☒ No
Mortgagee Name 1
Mortgagee Name 2
Address 1
Address 2
City **State** **Zip**

Agency Information

Name & No. Cameron Mutual Home Office 1002
Agent Name Jeannette Thomas
Address1 214 McElwain Drive
Address2
City Cameron **State** MO **Zip** 64429
Phone No. 816-632-6511

214 McElwain
Cameron, MO 64429
816-632-6511

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/22/2008
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Comments:

Attachment:

Commercial General Liability Policy 15725-08-0011 AR.pdf

Property & Casualty Transmittal Document

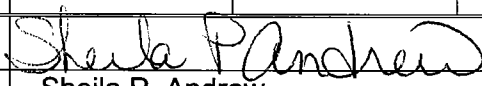
**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

- a. Date the filing is received:
- b. Analyst:
- c. Disposition:
- d. Date of disposition of the filing:
- e. Effective date of filing:
- | | |
|------------------|--|
| New Business | |
| Renewal Business | |
- f. State Filing #:
- g. SERFF Filing #:
- h. Subject Codes

3.	Group Name				Group NAIC #
					0532
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5.	Company Tracking Number	15725/08/0011 AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron- insurance.com
7.	Signature of authorized filer 				
8.	Please print name of authorized filer Sheila P. Andrew				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial General Liability
13.	Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14.	Effective Date(s) Requested	New: April 1, 2008 Renewal: April 1, 2008
15.	Reference Filing?	[] Yes [X] No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	February 18, 2008
19.	Status of filing in domicile	[] Not Filed [X] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	15725/08/0011 AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Cameron Mutual Insurance Company (CMIC) wishes to file for the adoption of the computer system generated Commercial General Liability Policy Application for use with our Commercial General Liability Program. This form has been developed to accommodate the implementation of a computerized agents' rating system. The application is generated by our computer rating system. The application is a hybrid developed from our computer entry screens and the signature/binding section of the ACORD 160 (2004/03) Business Owners Application.

The attached copy is in final print format.

Enclosures: Property and Casualty Transmittal Document PC TD-1 (2 pages)
Form Filing Schedule PC FFS-1 (1 page)
Commercial General Liability Policy Application (4 pages)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
SERFF EFT Amount: \$50 Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	15725/08/0011 AR
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial General Liability Policy Application	n/a	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1